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DECLARATION FOR UTILITY OR

DESIGN

PATENT APPLICATION

☐ Declaration Submitted OR ☒ Declaration Submitted after Initial Filing (surcharge with Initial Filing (37 CFR 1.16(e) Required))

Attorney Docket No. **647P007**
First Named Inventor **Peter J. Hayward**
COMPLETE IF KNOWN
Application Number **10/783,497**
Filing Date **February 20, 2004**
Group Art Unit
Examiner Name

As a below named inventor, I hereby declare that:
My residence, mailing address, and citizenship are as stated below next to my name.
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

HIGH CTE REACTION-BONDED CERAMIC MEMBRANE SUPPORTS

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) **February 20, 2004** as United States Application Number or PCT International

Application Number **10/783,497** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. Section 119(e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YYYY)	
		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 3]



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DECLARATION – Utility or Design Patent Application

Direct all correspondence to:

☐ Customer Number

Name	Kevin S. Lemack				
Address	Nields & Lemack				
	176 E. Main Street – Suite 7				
City	Westboro	State	MA	Zip Code	01581
Country	US	Telephone	508-898-1818	Fax	508-898-2020

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any]) Peter J.

Family Name

or Surname Hayward

Inventor's
Signature

P J Hayward

03/17/2004
Date

Residence: City Pinawa

State MB

Country CA

Citizenship CA

Mailing Address 3 Monck Place

City Pinawa

State MB

Zip ROE 1L0

Country CA

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any]) Richard

Family Name

or Surname Higgins

Inventor's
Signature

Date

Residence: City Reading

State MA

Country US

Citizenship US

Mailing Address 20 Parsons Lane

City Reading

State MA

Zip 01867

Country US

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



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NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any]) Peter J.

Family Name

or Surname Hayward

Inventor's
Signature

Date

1			
Residence: City	Pinawa	State	MB
Country	CA	Citizenship	CA

Mailing Address 3 Monck Place

City	Pinawa	State	MB	Zip	ROE 1L0	Country	CA
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NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any]) Richard

Family Name

or Surname Higgins

Inventor's
Signature

Date 3/16/2004

Residence: City	Reading	State	MA	Country	US	Citizenship	US
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Mailing Address 20 Parsons Lane

City	Reading	State	MA	Zip	01867	Country	US
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☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



Please type a plus sign (+) inside this box

+

PTO/SB/01 (03-01)
Approved for use through 10/31/2002. OMB 0651-0032
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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 24 of 24

Name of Additional Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Robert L.		Goldsmith	
Inventor's Signature <i>Robert L. Goldsmith</i>		Date <i>3/16/2004</i>	
Residence: City	Wayland	State	MA
Country		US	
Citizenship US			
Mailing Address 235 Concord Road			
City	Wayland	State	MA
ZIP		01778	
Country		US	

Name of Additional Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Bruce A.		Bishop	
Inventor's Signature <i>Bruce A. Bishop</i>		Date <i>3/16/04</i>	
Residence: City	Arlington	State	MA
Country		US	
Citizenship US			
Mailing Address 48 Kilsythe Road			
City	Arlington	State	MA
ZIP		02174	
Country		US	

Name of Additional Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country			
Citizenship			
Mailing Address			
City		State	
ZIP			
Country			

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC



PTO/SB/81 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035
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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/783,497
Filing Date	February 20, 2004
First Named Inventor	Peter J. Hayward
Title	High CTE Reaction-
Art Unit	
Examiner Name	
Attorney Docket Number	647P007

I hereby appoint:

☐

Practitioners associated with the Customer Number:

OR

☒

Practitioner(s) named below:

Name	Registration Number
Kevin S. Lemack	32,579
Henry C. Nields	17,029
Robert Frame	54,104

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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The address associated with the above-mentioned Customer Number:

OR

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The address associated with Customer Number:

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☒Firm or
Individual Name

Address	Nields & Lemack				
Address	176 E. Main Street - Suite 7				
City	Westboro	State	MA	Zip	01581
Country	U.S.A.				
Telephone	508-898-1818	Fax	508-898-2020		

I am the:

☒

Applicant/Inventor.

☐Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Peter J. Hayward				
Signature	<i>Peter J. Hayward</i>				
Date	03/17/2004	Telephone	(204) 753-8338		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐

*Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/81 (09-03)

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Application Number	10/783,497
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First Named Inventor	Peter J. Hayward
Title	High CTF Reaction-
Art Unit	
Examiner Name	
Attorney Docket Number	647P007

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<input checked="" type="checkbox"/> Firm or Individual Name					
Address	Nields & Lemack				
Address	176 E. Main Street - Suite 7				
City	Westboro	State	MA	Zip	01581
Country	U.S.A.				
Telephone	508-898-1818	Fax	508-898-2020		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Richard Higgins				
Signature	<i>Richard J. Higgins</i>				
Date	3/16/2004	Telephone	781-899-4495		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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☒Firm or
Individual Name

Address

Nields & Lemack

Address

176 E. Main Street - Suite 7

City

Westboro

State

MA

Zip

01581

Country

U.S.A.

Telephone

508-898-1818

Fax

508-898-2020

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SIGNATURE of Applicant or Assignee of Record

Name	Robert L. Goldsmith
Signature	<i>Robert L. Goldsmith</i>
Date	3/14/2004

Telephone 781 899 4420

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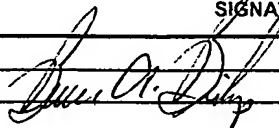
☐ The address associated with Customer Number:

OR

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Address	Nields & Lemack				
Address	176 E. Main Street - Suite 7				
City	Westboro	State	MA	Zip	01581
Country	U.S.A.				
Telephone	508-898-1818	Fax	508-898-2020		

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☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Bruce A. Bishop		
Signature			
Date	3/16/04	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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